Name in Full: Harriet Ethelrida Bowie

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pisgah — County: Charles

Date of death 190 4 — Month: 10 — Day: 9

Age — Years: 7 — Months: — Days: 8

Sex: Female — Color or Race: N — Birthplace: Md

Married, Single or Widowed — Occupation:

Name of Wife or Husband

Father's Name: John H. Bowie — Father's Birthplace: Md

Mother's Maiden Name: Ethel Arnold — Mother's Birthplace: Md

Name of person giving information: John W. Bowie — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth — How long:

Immediate: Edema of Lungs — How long: Life time

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Paul L. Harmon

Address:

Accident or Suicide?

LIBRARY BUREAU A66916

Name in Full: Frank E Edelen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomfret — County: Charles

Date of death 1904	Month	Day	Years	Months	Days
	10	6	Age 71		

Sex: Male

Color or Race: White

Birthplace: Prince Georges

Married, Single or Widowed: Widower

Occupation: Farmer

Name of Wife or Husband: -

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Horace Edelen

Father's Birthplace: Pa Geo.

Mother's Maiden Name: Eliza Edelen

Mother's Birthplace: Chas Co

Name of person giving information: Richard Wallace

How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Insufficiency — How long: 6 years

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Harry Talley

Address: Accokeek Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mrs annet Zlyles

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Waysida — County: Charles

Date of death 1904: Month: oct — Day: 25 — Age: Years: 53 — Months: 7 — Days: 4

Sex:

Color or Race:

Birthplace:

Occupation: Dress Maker

Where Residing if not at place of death: Charles county

Married, Single or Widowed: Married

Name of Wife or Husband: John Zlyles

Father's Name: James Thompson

Father's Birthplace: Charles

Mother's Maiden Name: Anna Thompson

Mother's Birthplace: Charles

Name of person giving Imformation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmon. Tuberculosis — How long: 18 months

Immediate: Asthenia — How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Sterner

Address: Bel Alton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Benjiman Franklin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Pisgah — County: Charles — 0-4-4

Date of death 1904: Month: October — Day: 14th — Age: Years 33 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Labora — Where Residing if not at place of death: Near Pisgah

Married, Single or Widowed: married — Name of Wife or Husband: Dolly Cox

Father's Name: James A. Franklin — Father's Birthplace: Maryland

Mother's Maiden Name: Lavinia Burgess — Mother's Birthplace: "

Name of person giving Information: Geo. M Carpenter — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suicide — How long: 1/2 9

Immediate: Shooting — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. M Carpenter J.P.

Address: acting Coroner.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Hannah Gaines

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Raufenroy; County:

Date of death: Month: Oct; Day: 30; Year: 1904; Age: 40 ~; Months; Days

Sex: Female; Color or Race: Black; Birthplace: Md

Occupation; Where Residing if not at place of death

Married, ~~Single~~, Widowed; Name ~~of Wife or~~ of Husband: Thomas Gaines

Father's Name: James Smith; Father's Birthplace: Md

Mother's Maiden Name: Louisa Bowman; Mother's Birthplace: Md

Name of person giving Information: Stephen Lawson; How related to deceased: ~

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suddenly after Child birth; How long: 140

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. H. Spence MD

Address:

Accident or Suicide?

LIBRARY BUREAU A99815

Name in Full: Thomas Henson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Riverside — County: Charles

Date of death 1904 — Month: Oct — Day: 14 — Age: Years: 65 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Charles Co

Occupation: Farmer — Where Residing if not at place of death

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Mary Emily Ward

Father's Name: \ — Father's Birthplace

Mother's Maiden Name: \ — Mother's Birthplace

Name of person giving Imformation: Fred Henson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy 177 — How long: 1 year

Immediate — How long: or More

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maximillian Clements

Address: Ironsides Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU

Name in Full: James Markle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gaithers Green — County: Charles

Date of death: Month: Oct. — Day: 16 — 1904 — Age: Years: 87 — Months: — — Days: —

Sex: Male — Color or Race: Col'd — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: ~~Jos~~ W. H. Markle — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Debility — How long: 2 yrs

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. H. Bowie M.D.

Address: Bryantown Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Edna R. Marshall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bryn — County: Charles

Date of death 1904: Month: Oct — Day: 9

Age: Years: 33 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Charles Co. Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Daniel Marshall

Father's Name: Wilson Young — Father's Birthplace: Md

Mother's Maiden Name: Mary Young — Mother's Birthplace: Md

Name of person giving information: Daniel Marshall — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of the Heart — How long: Three Months

Immediate: Exhaustion — How long: Two Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. O Mercer

Address: Waldorf Md

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full: Robert Quein - 4 Dist.

CERTIFICATE OF DEATH

MARYLAND

Near Lewisville, Pa.

Died at: Town: Lewisville, Pa. County: Chester Co. Pa.

Date of death 1904: Month: Oct. Day: 18

Age: Years: 84 Months: Days:

Sex: Male

Color or Race: Caucasian

Birthplace: Wayneboro Pa.

Married, Single or Widowed: Widower.

Occupation: Farmer

Name of Wife or ~~Husband~~: Emeline

Father's Name: James Quein

Father's Birthplace: Ships Board

Mother's Maiden Name: Elizabeth Quein

Mother's Birthplace: Bucks County Pa.

Name of person giving In formation: George Bikes.

How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis - 90

How long: One week.

Immediate: Heart Asthma

How long: indefinite

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. B. Best -

Address: Kemblesville, Pa.

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: James Riley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Riverside; County: Charles

Date of death 1904: Month: Oct.; Day: 9; Years: 65; Months: —; Days: —

Sex: Male; Color or Race: Black; Birthplace: Va

Married, ~~Single~~, ~~Widowed~~: —; Occupation: Laborer

Name of Wife or ~~Husband~~: ~~Kate~~ Grace Emma Riley

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: 66; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis. mad; How long: Months

Immediate: General Collapse; How long: mos

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. H. Speake

Address: Grayton Md.

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A88618

Name in Full: John H. Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brentland — County: Charles

Date of death: Month: Oct — Day: 19 — 1904

Age — Years: 27 — Months: — Days: —

Sex: Male — Color or Race: African — Birthplace: Charles Co.

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: Grace Thomas

Father's Name: Jessie Thomas — Father's Birthplace: —

Mother's Maiden Name: Sarah Ross — Mother's Birthplace: —

Name of person giving Imformation: Robert Thomas 1904 — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastritis — How long: 12 days

Immediate: Exhaustion due to Thurst — How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Turner M.D.

Address: Brd Allen, Charles Co. Md.

Accident or Suicide?

LIBRARY BUREAU A66516

W. H. Brannon
Secretary

Name in Full: Infant Named Samuel Washington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nanjemoy — County: Char —

Date of death 1904: Month: Oct. — Day: 16 — Age: Years: — Months: Six — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Washington — Father's Birthplace: Md

Mother's Maiden Name: Lizzie Johnson — Mother's Birthplace: Md

Name of person giving information: — How related to deceased: —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — Malnutrition — How long: Several Months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. H. Speake M.D.

Address: Grayton Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88510

Name in Full: George O. Welch

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Waldorf — County: Charles

Date of death 1904: Month: October — Day: 7 — Age: Years: 10 — Months: — — Days:

Sex: Male — Color or Race: White — Birthplace: Charles Co. Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Philip Welch — Father's Birthplace: Maryland

Mother's Maiden Name: Ida Montgomery — Mother's Birthplace: Maryland

Name of person giving information: Philip Welch — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scalded by Explosion of Boiler — How long: 1 hour

Immediate: Shock — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: G. O. Monroe

Address: Waldorf, Maryland

Accident or ~~Suicide~~? accident

LIBRARY BUREAU A88316

Name in Full: Samuel Welch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mattawoman — County: Charles

Date of death 190 4: Month: Oct — Day: 20

Age: Years: 8 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Charles Co Md

Occupation: — — Where Residing if not at place of death: At Home

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Philip Welch — Father's Birthplace: Maryland

Mother's Maiden Name: Ida Montgomery — Mother's Birthplace: Maryland

Name of person giving In formation: Philip Welch — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scalded by Explosion of Boiler — How long: 16 Days

Immediate: Exhaustion — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: G. O. Monroe

Address: Waldorf Maryland

Accident or Suicide? Accident

LIBRARY BUREAU A88316

Name in Full: Elinor Winters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Port Tobacco; County: Charles

Date of death 1904: Month: Oct; Day: 14; Years: Age 21; Months: 10; Days:

Sex: female; Color or Race: Colored; Birthplace: Charles Co

Occupation: House servant; Where Residing if not at place of death: Charles Co

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Thos. Winters; Father's Birthplace: Chas. Co

Mother's Maiden Name: Emma Dixon; Mother's Birthplace: Chas Co

Name of person giving Imformation: Thos Winters; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 3 or 4 weeks

Immediate: Heart failure from Exhaustion; How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. S. Dorsey

Address: La Plata Md

Accident or Suicide?

LIBRARY BUREAU A6[illegible]16

Name in Full: Annie Yates

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Nanjemoy — County: Chas

Date of death 1904 — Month: Oct — Day: 31 — Age: Years 7 — Months — Days

Sex: Female — Color or Race: Col — Birthplace: Nanjemoy

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: Annie Yates

Father's Name: Washington Yates — Father's Birthplace: Chas Co

Mother's Maiden Name: Annie Baker — Mother's Birthplace: St Marys Co

Name of person giving Information: Washington Yates — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns — How long: 6 hours

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. L. Yates M.D.

Address: Nanjemoy Md

Accident or Suicide?

LIBRARY BUREAU A88616